MEDICAL RECOR	Reserve Component Periodic Health Assessment (RCPHA)
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Fly or Non flyer (Circle) Male or Female (Circle) Age
	RCPHA required items accomplished as follows:
3) A	Assessment (RCPHA) completed: Immunization reviews/current [] Yes [] No Dental Class 1/2/3/4/ 2) RCPHA Grid testing requirements accomplished as follows:
	HT: WT: MAW: B/P Chol: Trig: HDL: HIV: DNA: (Date Accomplished) EKG: [] Yes [] No Fecal Occult Blood: Positive Negative Skin Exam for Cancer/Surgical Sears: Normal Abnormal (Circle appropriate) Other Valsalva: [] Yes [] Normal [] Bilateral Other:
	3) Audio Acuity (Optional): AUDIOGRAM 500 1000 2000 3000 4000 6000
	Left
	O.D 20 / Corr. To 20 / : By s. cx : 20 / Corr. to 20 / By O.D 20 / Corr. To 20 / : By s. cx : 20 / Corr. to 20 / By Amsler Grid: O.D. Normal Abnormal O.S. Normal Abnormal (Circle appropriate)
	Gas Mask Insert ordered [] Yes [] No [] N/A Intraocular Tension: O.DO.S Contact Lenses: [] Yes [] No Phorias: RH LH ES EX Color vision – test used: Passes/Falls
	Glaucoma: [] Yes [] No EKG Results: Normal [] Abnormal []
	Male: Testicles: Normal Abnormal (Circle Appropriate) Prostate (Optional): Normal Abnormal (Circle Appropriate)
	Female: Pap Smear Breast Exam Mammogram (Date Completed) (Date Completed)
	Member is qualified for Worldwide Duty: [] Yes [] No Member is qualified for Occupational Duty: [] Yes [] No
	PROFILE P U L H E S X
HOSPITAL OR MEDICAL FAC	ILITY STATUS DEPART,/SERVICE RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO. RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION	(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTER NO. WARD NO
Last, First, MI:	CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

SSNN: